



**WPI STUDENT HEALTH SERVICES
AUTHORIZATION TO TREAT A MINOR**

[Parent/Guardian should complete and sign this form for any child/dependent under 18, unless the child/dependent: (i) is or has been married; (ii) is a parent; (iii) is in the armed forces; or (iv) lives independently and apart from his or her parent/guardian and manages his or her own finances.]

Massachusetts law generally requires a parent’s or guardian’s consent for medical treatment of a minor. If your child/dependent is a student, or attending a program, at Worcester Polytechnic Institute (“WPI”), the following form must be completed and returned prior to your child’s/dependent’s arrival on campus.

I, _____, am the parent/guardian of
(please print)
_____, date of birth _____
(please print)

who is currently a minor (under the age of 18).

I authorize the WPI Student Health Services (SHS) to provide routine medical and/or mental health care to my child/dependent, including but not limited to diagnostic examinations (including radiological and laboratory testing), medical treatment and mental health counseling.

If an injury/illness is determined to be life-threatening, I authorize WPI SHS to make arrangements for my child/dependent to be taken to a hospital, and I understand that a health care provider will make efforts to notify me. I hereby consent to the sharing by WPI SHS of my health information with such hospital, emergency facility or other outside health care provider to support my continuity of care.

I further understand that, once my child/dependent reaches the age of 18, my consent for treatment is no longer required.

I understand that, under Massachusetts law, there are certain conditions, such as pregnancy/suspected pregnancy, exposure/suspected exposure to sexually transmitted diseases and drug/alcohol addiction, for which my minor child/dependent may consent to treatment for themselves and without my knowledge. I also understand that there may be other circumstances in which WPI SHS may determine, consistent with law, that my child/dependent may consent to treatment for themselves and without my knowledge.

If at any time the parent/guardian has decided to revoke their consent for treatment of their child/dependent, we will require a written statement emailed to the WPI SHS at shs@wpi.edu.

By my signature, I acknowledge that I have read and understand this authorization, and that any questions I have prior to signing can be answered by calling the WPI SHS at 508-831-5520 or emailing shs@wpi.edu.

(Parent/Guardian signature) _____ *Date* _____

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PARENT/GUARDIAN EMERGENCY CONTACTS:

Name: _____ Phone: _____

Name: _____ Phone: _____